

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-019790

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 273

Primary Registration District No. XXX

Registrar's No. 71

FILED MAY 23 1962

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Perry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Perry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Central Twp.		c. CITY OR TOWN Perryville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hiway B		d. STREET ADDRESS (If outside, give location) 316 N. Main	
3. NAME OF DECEASED (Type or print) First Corine Middle M. Last Emmendorfer		4. DATE OF DEATH Month 5 Day 10 Year 62	
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-15-96
9. AGE (last birthday) 65		10. IF UNDER 1 YEAR Months 65 Days 0 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Worker		10b. KIND OF BUSINESS OR INDUSTRY Int. Shoe Co.	
11. BIRTHPLACE (City and state or country) Perry County, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Albert J. Chavaux		13b. MOTHER'S MAIDEN NAME Sarah Mattingly	
14. NAME OF HUSBAND OR WIFE Frank D. Emmendorfer		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. INFORMANT Frank D. Emmendorfer, Perryville, Mo.		17. ADDRESS Perryville, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple Fracture DUE TO (b) Compact Collision DUE TO (c) Coroner of Perry County, Mo.		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Compact Collision 2 Cars	
20c. TIME OF INJURY 5:30 PM	Month, Day, Year 5-10-62	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Central Ave - Rt B		20f. CITY, TOWN, OR LOCATION Perryville	
20g. COUNTY Perry		20h. STATE Mo	
21. I attended the deceased from Coroner of Perry County, Mo. to her and last saw him alive on 5-30 P on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Emmendorfer	
22b. ADDRESS Perryville, Mo.		22c. DATE SIGNED 5/1/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-14-62	23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cem.	23d. LOCATION (City, town, or county) Perryville, Mo.
24. FUNERAL DIRECTOR Young & Sons	25. DATE RECD. BY LOCAL REG. 5-12-62	26. REGISTRAR'S SIGNATURE Joe J. Joellner	

(Licensed Embalmer's Statement on Reverse Side)

MAY 29 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Edward J. King

Licensed Embalmer No.

2138

P. O. Address

Perryville mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.